



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 9892

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/713,328	11/13/2003	433	3732	47168-00297USPT		
<b>RULE</b>						
<b>APPLICANTS</b> Stephan S. Porter, Palm Beach Gardens, FL; Dan P. Rogers, North Palm Beach, FL; Ralph E. Goodman, West Palm Beach, FL;						
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/450,541 02/26/2003 and claims benefit of 60/425,976 11/13/2002						
<b>** FOREIGN APPLICATIONS *****</b>						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/13/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No /JOHN J WILSON/ Examiner's signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> NIXON PEABODY LLP 161 N. CLARK STREET 48TH FLOOR CHICAGO, IL 60601-3213 UNITED STATES						
<b>TITLE</b> Dental implant system						
<b>FILING FEE RECEIVED</b> 1646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		